

Dyzack Limited Kingsley

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Kingsley is a residential care home for nine people with a learning disability or autism. The service is a small converted domestic property. Accommodation is arranged over two floors. There were six people living at the service at the time of our inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The registered manager had oversight of the service. They checked that the service met the standards they required and worked to continually improve the support people received.

People were involved in everything that happened at the service. Staff knew people very well and supported them to be independent. Staff were kind and caring and treated people with dignity and respect.

Assessments of people's needs and any risks had been completed. People had planned their support with staff and took managed risks. Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager. People were not discriminated against and received care tailored to them. People took part in tasks and activities they enjoyed at the service and in the community.

People were supported to remain as fit and healthy as possible. Staff supported people to visit health care professionals for check-ups or if they became unwell. People's medicines were managed safely. People were supported to plan and prepare balanced meals, of food they liked and met their cultural needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Plans were in place to support people and their relatives to share their wishes and preferences about the care they wanted at the end of their life.

Staff felt supported by the registered manager, they were motivated and felt rewarded by their roles. The registered manager was always available to provide the support and guidance staff needed. Staff worked as a team and supported people in a consistent way. Records in respect of each person were accurate and complete.

There were enough staff to support people in the way they preferred. Staff had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and worked as a team to

meet people's needs. Staff were recruited safely.

The service was clean and well maintained. The building had been adapted to meet people's needs and make them feel comfortable. People used all areas of the building and grounds and were involved in planning the refurbishment.

A process was in place to investigate and resolve any complaints or concerns received.

The registered manager had informed CQC of significant events that had happened at the service, so we could check that appropriate action had been taken.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Kingsley

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 January 2019 and was announced. Twenty four hours notice of the inspection was given because people needed support to manage changes to their routine. We needed to be sure that we reduced any anxiety that people had about our inspection.

The inspection team consisted of one inspector. Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We looked at one person's care and support records and associated risk assessments. We looked at two people's medicine records. We observed people spending time with staff. We spoke with the registered manager and three staff members.

Some people were unable to tell us about their experience of care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People were protected from the risk of abuse and discrimination. Information had been shared with people in a way they could understand to help them keep themselves safe and raise any worries they had. Staff knew how to recognise signs of abuse and what to do if they suspected incidents of abuse, including how to take concerns to outside agencies. Staff were confident the registered manager would act to keep people safe. People appeared relaxed and happy in the company of each other and staff.

There were enough staff to support people to do things for themselves. Most of the staff had worked at the service for a long time and they all knew people very well. The registered manager continued to consider people's needs when deciding how many staff to deploy at different times of the day. The registered manager was on call out of hours and provided any advice and support staff needed.

People were supported to take risks, while staying as safe as possible. For example, people had agreed with staff how they would manage their cigarettes and lighter to make sure everyone at the service was protected from the risk of fire but people could have a cigarette when they wanted. Staff prepared foods and drinks for other people as needed to reduce the risk of them choking.

Staff followed positive behaviour support plans to help people manage any behaviours that challenged. Plans included any potential 'triggers' and how to respond to prevent people becoming upset or anxious. Staff anticipated when the triggers may occur and supported people to avoid these where they could.

Accidents continued to be recorded and were checked by the registered manager to look for any patterns. Accidents and behavioural incidents were rare and were analysed to look for themes and new triggers.

Plans were in place to support people in an emergency. These were regularly practiced by people and staff and staff were confident to follow the plans. Kent Fire and rescue service had visited the service in January 2018. Improvements they requested had been made. Regular checks continued to be completed on all areas of the building and equipment, including fire alarms to make sure they were safe.

The service was clean and people were protected from the risk of infection. Staff had completed infection control and food hygiene training and we saw them using safe practices.

People's medicines were managed safely. Effective systems were in operation to order, store, administer, record and dispose of medicines. Staff supported people to have an annual medicines review.

Safe staff recruitments systems were in place. One new staff member had been employed to work at the service since our last inspection. Checks had been completed to make sure they were of good character and did not pose a risk to people.

Is the service effective?

Our findings

Systems were in place to assess people's needs before they began using the service. These included the registered manager meeting with people and their representatives to talk about their needs and wishes before they moved into the service. A detailed assessment was completed which summarised people's needs and how they liked their support provided, including their religious and cultural beliefs and personal history. This helped the registered manager make sure they would get along with the other people and staff could provide the support the person wanted. No one had moved into the service since our last inspection.

People were involved in choosing and preparing a balanced diet that met their preferences. People continued to be involved in planning menus which included fresh fruit and vegetables. One person had a birthday on the day of our inspection and everyone was having a takeaway as a treat. Each person chose what they wanted.

People were supported to make choices about all areas of their lives. Staff chatted with people about choices in their day to day life and respected their decisions. We observed people telling staff, where they wanted to go, what they wanted to do and who with. One person went out and another planned where they would go later and what they would do there. When people were unable to make complex decisions, the registered manager knew how to work with others, including people's family and social worker, to make a decision in their best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS authorisations when they were needed. No one had a DoLS in place. No one was restricted, people went out with staff when they wanted and took responsibility for locking the front door as they left.

People were supported to maintain good health. Staff continued to identify any changes in people's health and supported them to see their health care professionals. Any advice received was recorded and followed. People had regular health checks including dental checks with professionals who had experience of supporting people with a learning disability or autism. This helped people understand what would happen and remain calm. Everyone had a health action plan and hospital passport to tell staff and health care professionals about their health care needs. People were encouraged to stay active. During our inspection people took part in a yoga class, which they did regularly. Staff reported that this supported people's physical and mental health. We observed people were much calmer after the session and this continued for several hours afterwards.

Staff had the skills they needed to support people. They completed regular training updates and learnt skills to meet people's specific needs, such as managing behaviour that challenged. We observed staff supporting people to remain calm and avoid any things which may cause them to become anxious or upset. Staff felt supported by the registered manager and received regular supervision and an annual appraisal which

included discussing plans for their future development.

The service was decorated to people's taste and a refurbishment was almost completed. Two people's bathrooms had been adapted to meet their changing needs since our last inspection, and people showed us how they continued to use these with support.

Is the service caring?

Our findings

People considered the service their home and had lived there for many years. We saw people were relaxed in the company of their friends and staff. People were supported to maintain relationships with people who were important to them and to visit their family and friends. People's friends and relatives were encouraged to call or visit their loved ones as often as the person wished. Staff supported people to go out with their relatives for short breaks.

People were treated with dignity and respect. Staff valued people and their opinions and supported them to share these with us during our inspection. People were also supported to share their views with health care professionals and the provider. People were at the centre of everything which happened at the service. Staff explained how they supported people to be actively involved, including making decisions about who supported them and what they did each day. People were described to us in positive ways.

People were given opportunities to express their sexual orientation or gender identity and these were respected. Staff gave people time to chat privately about their personal relationships if they wanted to. People were treated as individuals and their choices and lifestyles were respected.

People were happy and relaxed and were given information and reassurance they needed. For example, staff knew one person liked to be treated in the same things as their friend, including spending time with visitors. Staff made sure we knew this when we arrived so we could spend time chatting with both people. This information was also included in the person's care plan and available to staff. Staff had the skills to communicate with people. We observed people and staff understood each other, including gestures and facial expressions and people got what they wanted.

Staff were kind, caring and had time to spend with people. Staff spent time with people when people wanted and respected their wish to be alone at other times. People and staff were relaxed in each other's company and chatted about things they had done and things they were planning to do, such as a birthday celebration and Christmas. People told us they choose the staff they wanted to support them to take part in activities. For example, one person told us they liked a particular staff member to go to church with them as they share the same beliefs. The staff member confirmed that they regularly went to church with the person.

People had privacy. Staff knocked on people's bedroom doors and only entered people's bedrooms with their permission. Staff maintained people's privacy during our inspection. The registered manager knew about the General Data Protection regulations and kept personal, confidential information about people and their needs safe and secure.

People were encouraged and supported to share their views about their life with staff and others involved in their care. When people required support to do this they were supported by their families or their care manager. The registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by

supporting people or by speaking on their behalf.

Is the service responsive?

Our findings

People's care and support was planned with them to meet their needs, preferences and aspirations. For example, we observed one person using their wheelchair to move around the service. When they were struggling staff offered to assist them say, "Shall I help you?" The person agreed and the staff member gave them enough support that they could carry on moving independently. We saw staff prompting people to complete tasks and praising them as they completed the task.

Care plans were detailed, had been reviewed every six months and updated when people's needs and preferences changes. People's relatives and social workers were invited to attend annual reviews. These showed that people's care and support changed as their needs changed, for example around their mobility.

People's preferred daily routines were followed by staff and this helped people feel relaxed. Staff support was flexible to changes people made to their routine. We saw people doing things when they wanted.

People continued to take part in a range of activities and pastimes at home and in their local community. One person chose to go out for a walk and another person was planning their trip to the pub to celebrate their birthday. People showed us how they looked after the pet parrot and enjoyed spending time chatting with it. Everyone told us they enjoyed the twice weekly yoga classes.

Plans were in place to support people and their relatives to talk about their wishes and preferences at the end of their life. Everyone was fit and well and no one had life limiting conditions. We will look at the plans people had put in place at our next inspection. People had been supported to spend time with their relatives at the end of the relative's life, such as visiting them in hospital. People had also been supported to attend their relative's funerals to say goodbye. Staff had helped people to understand what was happening and to grieve.

Complaints were considered as opportunities to improve the service. The process to respond to complaints was available to people in an easily accessible format. This had been discussed with them and each person had a copy. Staff observed for signs that people were not happy with the service, such as a change in their mood and encouraged them to chat about any complaints they had. Any minor concerns were addressed immediately. No formal complaints had been raised since our last inspection.

All organisations that provide NHS or adult social care are required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily understand. The provider was meeting the Accessible Information Standard and had developed accessible ways of communicating with people, such as easy read documents.

Is the service well-led?

Our findings

The registered manager had been leading the service for over twenty years and knew people and staff very well. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager kept their skills and knowledge up to date and attended training provided by the local clinical commissioning group care homes support team. They also subscribed to several best practice websites, including Skills for Care. They continued to work in partnership with community professionals, including social workers to ensure people received the support they needed. The registered manager shared their knowledge with staff at regular staff meetings.

The provider, registered manager and staff shared a clear vision and philosophy of care which included, privacy, dignity, independence and civil rights. Staff delivered the service as the provider required. The provider's policies were accessible to staff when they needed to refer to them.

There continued to be a culture of openness at the service. The registered manager was supportive and always available to give staff advice and guidance. One staff member told us, "She is a good manager. She knows how to deal with things". Staff were clear about their roles and responsibilities and were held accountable. They were motivated and found their work "rewarding". Staff worked together as a team to support people. The registered manager told us, "I have a lovely, lovely staff team".

The registered manager continued to have oversight. They completed checks on all areas of the service with support from the deputy manager. The supplying pharmacist completed annual checks on medicines management had not found any concerns. They also worked alongside staff and observed their practice. Any shortfalls identified were addressed immediately. A system was in place to analyse accidents and incidents to identify any trends and reduce the risk of them happening again.

The registered manager encouraged people, visitors and staff to feedback their experience of the service. Staff told us any suggestions they made were listened to and implemented. People were involved in deciding what happened at the service. For example, they had chosen to go on days out when some of the refurbishment work was being done.

Records of people's needs and the care they had received were accurate and up to date. Staff had access to information about people when they needed it. Records reflected people and their needs and preferences.

Services are required to inform the Care Quality Commission (CQC), of important events that happen in the service so we can check that appropriate action has been taken. The registered manager knew when notifications were required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered manager had conspicuously displayed the rating in the entrance to the service.